PHYSIOTHERAPY DEPARTMENT
POST COVID-19 ASSESSMENT FORM

Name :..... Age :..... Sex : M / F RN/IC :..... Date :.....

DIAGNOSIS

CATEGORY : CAT 1 / CAT 2 / CAT 3 / CAT 4 / CAT 5

DOCTOR'S MANAGEMENT

BODY COMPOSITION

BW	kg	HT	m	BMI	kg/m^2

VITAL SIGN

BP	mmHg	PR	bpm
RR	bpm	SPO^2	%

QUARANTINE HISTORY

Date of confirm C-19 :
Location : Home / PKRC / Hospital
Date of admission :
Length of stay :
Date of discharged :
ICU /HDW admission : Y / N
Intubation : Y / N *if yes* _____ days
Notes :
(If any)

PROBLEM

SYMTOMPS

Past	Present	
☐	☐	Cough
☐	☐	Breathing difficulty
☐	☐	Chest pain
☐	☐	Fever
☐	☐	Persistent tiredness
☐	☐	Musculoskeletal pain
☐	☐	Poor appetide
☐	☐	Headache
☐	☐	GI upsets (diarrhea / nausea / vomiting)
☐	☐	Skin manifestations
☐	☐	Depression/anxiety/insomnia
☐	☐	Cognitive impairment
☐	☐	Other symtoms : _____

SPECIAL QUESTIONS

General health :
PMHX / Surgery :
Medication :
Occupation :
Lifestyle : Active / Sedentary
Recreational :
Smoking : Yes / No (___ stick/day)
Alcohol consumption : Yes / No _____

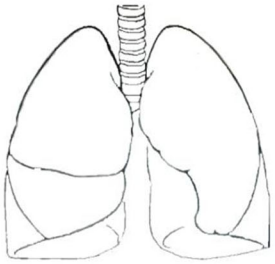
CURRENT HISTORY

VISUAL ANALOGUE FATIGUE SCALE (VAFS)

0 1 2 3 4 5 6 7 8 9 10

Worst ◄——————————— Normal

CHEST EXAMINATION



Chest X-ray :

Auscultation

Crepitating: Mild / Moderate
Coarse / Ronchi / Wheezing

Air entry :

Breathing

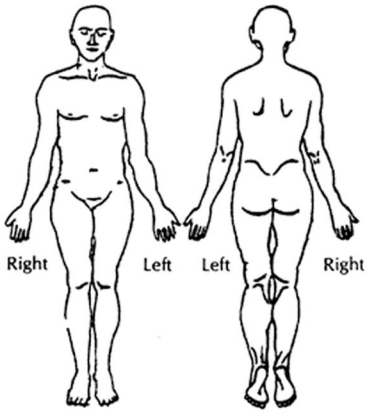
Pattern : _____
Level : _____
Chest expansion : Good / Moderate / Poor
Notes :
(If any)

Cough : Y / N
Sputum : Colour : whitish / yellowish / greenish
Amount : minimal / moderate / large
Consistency : mucoid / loose / thick / watery

O^2 treatment : Y / N _____ L/min

PEFR : _____ L/min
Incentive spirometer : _____ c.c

PHYSICAL EXAMINATION



PAIN SCALE 0 1 2 3 4 5 6 7 8 9 10

Nature :

Agg :

Ease :

24 hrs :

Irritability : High / Medium / Low

MUSCLE POWER

SPECIAL TEST *(choose the appropiate)*

1MSTS				
Supplemental O^2 : Y / N		Flow rate O^2 :		L/min
Date				
SPO^2, %	Start			
	End			
HR, bpm	Start			
	End			
Borg scale – Dyspnoea	Start			
	End			
Borg scale – Leg Fatigue	Start			
	End			
Repetition				

6MWT				
Supplemental O^2 : Y / N		Flow rate O^2 :		L/min
Mobility Aid : Y / N		Type :		
Date				
SPO^2, %	Start			
	End			
HR, bpm	Start			
	End			
Borg scale – Dyspnoea	Start			
	End			
Borg scale – Leg Fatigue	Start			
	End			
No of stop				
Limiting factors				
Total distance (m)				

Others : ***(Please specify)***

PHYSIOTHERAPIST'S IMPRESSION

SHORT TERM GOALS

LONG TERM GOALS

PLAN OF TREATMENT

Attending Physiotherapist:

.....

Sign & stamp Date :

KEMENTERIAN KESIHATAN MALAYSIA
GUIDELINE FOR USE OF POST COVID-19 ASSESSMENT FORM

DIAGNOSIS
CATEGORY – as in referral: Choose either one - CAT 1 / CAT 2 / CAT 3 / CAT 4 / CAT 5

DOCTOR'S MANAGEMENT
Brief: operative or conservative

BODY COMPOSITION
Body weight (BW) in kg
Height (HT) in m
BMI in kg/m2

VITAL SIGN
BP (mmHg), RR (bpm), PR (bpm), SPO2(%)

QUARANTINE HISTORY
List down all information gathered subjectively from patient / carer

Date of confirm C-19, Location: Home / PKC / Hospital, Date of admission, Length of stay, Date of discharged, ICU /HDW admission, Y / N, Intubation: Y/N (*if yes _____days)*

PROBLEM
What is the presenting problem e.g cough, fever, unable to expectorate?
Shortness of breath, easily fatigue

SYMTOMPS
Tick the past symptoms patient undergone and present status of patient's symptoms presented

SPECIAL QUESTION

General health
General unwell, may indicate systemic problem

Past Medical history (PMHX) / Surgery
other medical illness especially related to present problem e.g Ca lung metastasis to the spine, DM, HPT, IHD etc

Medication
Especially NSAIDS, corticosteroids
Side effect of long-term osteoporosis.

Occupation / recreation
Nature of job and related stresses of job

Lifestyle: Active / Sedentary
Patient's lifestyle whether an active person or live in a sedentary lifestyle

Recreational
Any recreational activities done by patient

Smoking and alcohol consumption
Smoking history (number of packages/days, number of years)

CURRENT HISTORY

- The onset of illness
- When did it occur?
- Precipitating factor?
- Is it better or worse now?

VISUAL ANALOGUE FATIGUE SCALE (VAFS)

Level of fatigue as indicated by patient.
The scoring will start from 0 as it indicated worst and gradually to 10 which indicated normal.

CHEST EXAMINATION

Mark on diagram the findings and area

Chest X-Ray (*if available)

- define lung volume / inflation
- lung field
- changes of structure

Auscultation

Listen and underline the crepitation sound
Crepitating: Mild / Moderate
Coarse / Ronchi / Wheezing

Air entry: status

Breathing

Define breathing:
Pattern, Level
Chest expansion: good / moderate / poor

Tick on cough: (Y / N)
Interpreted sputum: Colour, amount, consistency

O2 treatment: (Y / N), if yes define flow in L/min

Peak expiratory flow rate (PEFR) reading (L/min)
Incentive spirometer (c.c)

PHYSICAL EXAMINATION (*if patient complaint of any musculoskeletal pain)

Pain Scale: 0……10. Indicate on pain scale, level of pain as indicated by patient

Nature: Describe the pain? Dull, sharp, tingling, pinching…..etc. Use patient's own words.

Aggravate: Activities which bring about the pain e.g. Movement, walking, standing, wearing prosthetic limbs, others activities

Ease: What reduces pain?

Irritability
The type and amount of activity required to cause or increase in symptoms.
The severity of symptoms provoked.
The length of time taken for the symptoms to be resolved to its normal level.

MUSCLE POWER
Measurements of muscle power

SPECIAL TEST

1MSTS – 1 Minute Sit to Stand

6MWT – 6 Minute Walk Test

Others: If other special test carry out to patient, please spell out eg: graded exercise testing using ergometer or treadmill

PHYSIOTHERAPIST'S IMPRESSION
Problem in order of priority

SHORT TERM GOALS
The goals which are set according to priority
Must include the expected outcomes and time frame

LONG TERM GOALS
The goals which are set for a longer time frame based on patient goals and physiotherapist goals

PLAN OF TREATMENT
The physiotherapy treatment that will be given according to the goal set up.

SIGN/ STAMP/DATE:
- Need to be filled by attending physiotherapist